

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		08/27/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CB</i>	535	09-25-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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88/6  
09/26/01